UNITED STATES DISTRICT COURT

for the

Western District of New York

Matthew Fero, et al., individually and on behalf of all others similarly situated, Plaintiff V. Excellus Health Plan Inc., Lifetime Healthcare, Inc., Lifetime Benefits Solutions, Inc., et al., Defendant)) Civil Action No. 6:15-cv-06569))					
SUMMONS IN A CIVIL ACTION						
To: (Defendant's name and address) Blue Cross and Blue Shie 225 North Michigan Aven Chicago, Illinois 60601						
A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Hadley L. Matarazzo, Esq. Kathryn Lee Bruns, Esq. Faraci Lange, LLP 28 East Main Street, Suite 1100 Rochester, New York 14614						
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.						
	CLERK OF COURT					
Date:	Signature of Clerk or Deputy Clerk					

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Civil Action No. 6:15-cv-06569

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (nar	ne of individual and title, if any)				
was re	ceived by me on (date)					
	☐ I personally served	the summons on the individual	at (place)			
			on (date)	; or		
	☐ I left the summons	at the individual's residence or u	usual place of abode with (name)			
	on (date) , a person of suitable age and discretion who resides there, , and mailed a copy to the individual's last known address; or					
	☐ I served the summons on (name of individual) , very designated by law to accept service of process on behalf of (name of organization)					
			on (date)			
	☐ I returned the sumr	mons unexecuted because			; or	
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.0	0 .	
	I declare under penalty of perjury that this information is true.					
Date:			Server's signature			
			, and the second			
			Printed name and title			
			Server's address			

Additional information regarding attempted service, etc: